Case 10-25657 Doc 4

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B22A (Official Form 22A) (Chapter 7) (04/10)

| In re        | Daniel Knight Hilder |   |
|--------------|----------------------|---|
|              | Debtor(s)            | According to the information required to be entered on this statement |
| Case Number: |                      | (check one box as directed in Part I, III, or VI of this statement):  |
|              | (If known)           | ☐ The presumption arises.   |
|              |                      | ■ The presumption does not arise.                                     |
|              |                      | ☐ The presumption is temporarily inapplicable.                        |

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

|  | Part I. MILITARY AND NON-CONSUMER DEBTORS   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| 1A   | <b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.                 |  |  |  |  |  |
|  | □ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)). |  |  |  |  |  |
| 1B   | Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.   |  |  |  |  |  |
|  | ☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.  |  |  |  |  |  |
| Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and comple required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumpti temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your obefore your exclusion period ends. |   |  |  |  |  |  |
| 1C   | Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard  |  |  |  |  |  |
|  | a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;   |  |  |  |  |  |
|  | OR  |  |  |  |  |  |
|  | <ul> <li>b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/</li> <li>☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.</li> </ul>  |  |  |  |  |  |

|  | Part II. CALCULATION OF M   | ION    | THLY INCO            | ME FOR § 707         | <b>(b)(7</b> ) | EXCLUSION                        |                 |  |
|--|---|--------|----------------------|----------------------|----------------|----------------------------------|-----------------|--|
| Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. |   |        |                      |                      |                |                                  |                 |  |
|  | a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.  |        |                      |                      |                |                                  |                 |  |
|  | b. $\square$ Married, not filing jointly, with declaration  |        |                      |                      |                |                                  |                 |  |
| 2  | "My spouse and I are legally separated under  |        |                      |                      |                |                                  |                 |  |
| 2  | purpose of evading the requirements of § 707 <b>for Lines 3-11.</b>   | (b)(2  | 2)(A) of the Bankru  | iptcy Code." Comp    | lete on        | ly column A ("De                 | btor's Income") |  |
|  | c.  Married, not filing jointly, without the declar   | aratio | on of senarate hous  | eholds set out in L  | ine 2 h        | above Complete b                 | ooth Column A   |  |
|  | ("Debtor's Income") and Column B ("Spot   |        |                      |                      | ine 2.0        | o doove. Complete both Column 11 |                 |  |
|  | d.   Married, filing jointly. Complete both Colu  | ımn    | A ("Debtor's Inco    | ome") and Columi     | n B (''S       | pouse's Income'')                | for Lines 3-11. |  |
|  | All figures must reflect average monthly income re  |        |                      |                      |                | Column A                         | Column B        |  |
|  | calendar months prior to filing the bankruptcy case<br>the filing. If the amount of monthly income varied   |        |                      |                      |                | Debtor's                         | Spouse's        |  |
|  | six-month total by six, and enter the result on the a   |        |                      | , you must divide ti | ie             | Income                           | Income          |  |
| 3  | Gross wages, salary, tips, bonuses, overtime, con   |        |                      |                      |                | \$ 2,775.33                      | \$              |  |
|  | Income from the operation of a business, profess  |        |                      | Line b from Line a   |                | <del>,,,,,,,,,</del>             | Ψ               |  |
|  | enter the difference in the appropriate column(s) o   |        |                      |                      | and            |                                  |                 |  |
|  | business, profession or farm, enter aggregate numb  |        |                      |                      |                |                                  |                 |  |
| 4  | not enter a number less than zero. <b>Do not include</b>  | any    | part of the busine   | ess expenses enter   | ed on          |                                  |                 |  |
| 4  | Line b as a deduction in Part V.  |        | Debtor               | Spouse               |                |                                  |                 |  |
|  | a. Gross receipts   | \$     | 0.00                 |                      |                |                                  |                 |  |
|  | b. Ordinary and necessary business expenses   | \$     | 0.00                 |                      |                |                                  |                 |  |
|  | c. Business income  | Sul    | btract Line b from   | Line a               |                | \$ 0.00                          | \$              |  |
|  | Rents and other real property income. Subtract  |        |                      |                      |                |                                  |                 |  |
|  | the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any</b>  |        |                      |                      |                |                                  |                 |  |
| 5  | part of the operating expenses entered on Line b as a deduction in Part V.  Debtor Spouse   |        |                      |                      |                |                                  |                 |  |
| 3  | a. Gross receipts   | \$     | 0.00                 |                      | -              |                                  |                 |  |
|  | b. Ordinary and necessary operating expenses  | \$     | 0.00                 |                      |                |                                  |                 |  |
|  | c. Rent and other real property income  | Sul    | btract Line b from   | Line a               |                | \$ 0.00                          | \$              |  |
| 6  | Interest, dividends, and royalties.   |        |                      |                      |                | \$ 0.00                          | \$              |  |
| 7  | Pension and retirement income.  |        |                      |                      |                | \$ 0.00                          | \$              |  |
|  | Any amounts paid by another person or entity,   |        |                      |                      |                |                                  |                 |  |
| 8  | expenses of the debtor or the debtor's dependents, including child support paid for that  |        |                      |                      |                |                                  |                 |  |
|  | <b>purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.  |        |                      |                      |                | \$ 0.00                          | \$              |  |
|  | Unemployment compensation. Enter the amount   | in th  | e appropriate colur  | nn(s) of Line 9.     |                |                                  |                 |  |
|  | However, if you contend that unemployment comp  | ensa   | ation received by yo | ou or your spouse v  |                |                                  |                 |  |
| 9  | benefit under the Social Security Act, do not list the amount of such compensation in Column A  |        |                      |                      | n A            |                                  |                 |  |
|  | or B, but instead state the amount in the space belo  | )W:    |                      |                      |                |                                  |                 |  |
|  | Unemployment compensation claimed to be a benefit under the Social Security Act  Debto  | r\$    | <b>0.00</b> Spe      | ouse \$              |                | \$ 0.00                          | ¢               |  |
|  | or a contint ander the social security free   |        |                      |                      |                | φ <b>U.UU</b>                    | Φ               |  |
|  | <b>Income from all other sources.</b> Specify source an on a separate page. <b>Do not include alimony or set</b>  |        |                      |                      |                |                                  |                 |  |
|  | on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate |        |                      |                      |                |                                  |                 |  |
|  | maintenance. Do not include any benefits received under the Social Security Act or payments   |        |                      |                      |                |                                  |                 |  |
| 10   | received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.   |        |                      | •                    |                |                                  |                 |  |
| -  | domestic terrorism.   |        | Debtor               | Spouse               | $\neg \neg$    |                                  |                 |  |
|  | a.  | \$     | 2 20101              | \$                   |                |                                  |                 |  |
|  | b.  | \$     |                      | \$                   |                |                                  |                 |  |
|  | Total and enter on Line 10  |        |                      |                      | \$ 0.00        | \$                               |                 |  |
| 11   | Subtotal of Current Monthly Income for § 707(1  |        |                      |                      | nd, if         |                                  |                 |  |
|  | Column B is completed, add Lines 3 through 10 in  |        |                      |                      |                | \$ 2,775.33                      | \$              |  |

| 12 | <b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.   |    | 2,775.33  |  |  |  |  |  |
|----|--|----|-----------|--|--|--|--|--|
|    | Part III. APPLICATION OF § 707(b)(7) EXCLUSION   |    |           |  |  |  |  |  |
| 13 | <b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the number 12 and enter the result.  |    |           |  |  |  |  |  |
| 14 | <b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) |    |           |  |  |  |  |  |
|    | a. Enter debtor's state of residence: UT b. Enter debtor's household size: 1   | \$ | 50,388.00 |  |  |  |  |  |
|    | Application of Section 707(b)(7). Check the applicable box and proceed as directed.  |    |           |  |  |  |  |  |
| 15 | ■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the  |    |           |  |  |  |  |  |
|    | top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.   |    |           |  |  |  |  |  |
|    | ☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.  |    |           |  |  |  |  |  |

Complete Parts IV. V. VI. and VII of this statement only if required. (See Line 15.)

| Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.) |   |   |    |  |  |  |  |
|--|---|---|----|--|--|--|--|
|  | Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)  |   |    |  |  |  |  |
| 16 Enter the amount from Line 12.  |   |   |    |  |  |  |  |
| 17   | Marital adjustment. If you checked the box at Line 2.c, enter of Column B that was NOT paid on a regular basis for the householdependents. Specify in the lines below the basis for excluding the spouse's tax liability or the spouse's support of persons other that amount of income devoted to each purpose. If necessary, list add not check box at Line 2.c, enter zero.  | ,                                       |    |  |  |  |  |
|  | a.  | \$                                      |    |  |  |  |  |
|  | b.<br>c.  | \$<br> \$                               |    |  |  |  |  |
|  | d.  | \$                                      |    |  |  |  |  |
|  | Total and enter on Line 17  |   | \$ |  |  |  |  |
| 18   | Current monthly income for § 707(b)(2). Subtract Line 17 from   | m Line 16 and enter the result.         | \$ |  |  |  |  |
|  | Part V. CALCULATION OF D  | EDUCTIONS FROM INCOME                   |    |  |  |  |  |
|  | Subpart A: Deductions under Standard  | s of the Internal Revenue Service (IRS) |    |  |  |  |  |
| 19A  | National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)   |   |    |  |  |  |  |
| 19B  | National Standards: health care. Enter in Line a1 below the a Out-of-Pocket Health Care for persons under 65 years of age, ar Out-of-Pocket Health Care for persons 65 years of age or older. www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) household who are under 65 years of age, and enter in Line b2 to 65 years of age or older. (The total number of household member 14b.) Multiply Line a1 by Line b1 to obtain a total amount for h Line c1. Multiply Line a2 by Line b2 to obtain a total amount for result in Line c2. Add Lines c1 and c2 to obtain a total health care to the line c2. Add Lines c1 and c3 to obtain a total health care to the line c3 to obtain a total health care to be care | 1                                       |    |  |  |  |  |
|  | a1. Allowance per member a2.  | Allowance per member                    |    |  |  |  |  |
|  | b1. Number of members b2. c1. Subtotal c2.  | Number of members Subtotal              | \$ |  |  |  |  |
|  | ļ <u>'</u>  |   | Ψ  |  |  |  |  |
| 20A  | 20A Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court).   |   |    |  |  |  |  |

| 20B | Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your cour available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy of Monthly Payments for any debts secured by your home, as stated in Lithe result in Line 20B. Do not enter an amount less than zero.    a.   IRS Housing and Utilities Standards; mortgage/rental expense     b.   Average Monthly Payment for any debts secured by your     home, if any, as stated in Line 42     c.   Net mortgage/rental expense  | ty and household size (this information is ourt); enter on Line b the total of the Average | \$ |  |
|-----|--|--|----|--|
| 21  | <b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:  |  |    |  |
| 22A | Local Standards: transportation; vehicle operation/public transportation expense.  You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.  \[ \begin{array}{c} 0 & \lefta 1 & \lefta 2 \text{ or more.} \]  If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) |  |    |  |
| 22B | <b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)   |  |    |  |
| 23  | Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  1 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.  a. IRS Transportation Standards, Ownership Costs  |  |    |  |
|     | <ul> <li>Average Monthly Payment for any debts secured by Vehicle</li> <li>1, as stated in Line 42</li> <li>Net ownership/lease expense for Vehicle 1</li> </ul>   | \$ Subtract Line b from Line a.  | \$ |  |
| 24  | Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.  a. IRS Transportation Standards, Ownership Costs  \$   |  |    |  |
|     | <ul> <li>Average Monthly Payment for any debts secured by Vehicle</li> <li>2, as stated in Line 42</li> <li>Net ownership/lease expense for Vehicle 2</li> </ul>   | \$ Subtract Line b from Line a.  | \$ |  |
| 25  | Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.  |  |    |  |
| 26  | Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs.  Do not include discretionary amounts, such as voluntary 401(k) contributions.   |  |    |  |

|    | (Official Form 22/1) (Chapter 1) (O4/10)   |                                  |  |
|----|--|----------------------------------|--|
| 27 | Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actual life insurance for yourself. Do not include premiums for insurance on your dependents, for who any other form of insurance.   |                                  |  |
| 28 | Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are pay pursuant to the order of a court or administrative agency, such as spousal or child support payments on past due obligations included in Line 44.  |                                  |  |
| 29 | Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  |                                  |  |
| 30 | Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually echildcare - such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational</b>  |                                  |  |
| 31 | Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on  |                                  |  |
| 32 | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.                             |                                  |  |
| 33 | <b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.   | \$                               |  |
|    | Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Line   | es 19-32                         |  |
|    | <b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the month the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or y dependents.   |                                  |  |
| 34 | a. Health Insurance \$   |                                  |  |
|    | b. Disability Insurance \$   |                                  |  |
|    | c. Health Savings Account \$   | \$                               |  |
|    | Total and enter on Line 34.  |                                  |  |
|    | <b>If you do not actually expend this total amount,</b> state your actual total average monthly expenditubelow:  | ares in the space                |  |
|    | \$   |                                  |  |
| 35 | Continued contributions to the care of household or family members. Enter the total average ac expenses that you will continue to pay for the reasonable and necessary care and support of an elder ill, or disabled member of your household or member of your immediate family who is unable to pa expenses.   | rly, chronically                 |  |
| 36 | Protection against family violence. Enter the total average reasonably necessary monthly expenses actually incurred to maintain the safety of your family under the Family Violence Prevention and So other applicable federal law. The nature of these expenses is required to be kept confidential by the  | s that you<br>ervices Act or     |  |
| 37 | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by Standards for Housing and Utilities, that you actually expend for home energy costs. You must pretrustee with documentation of your actual expenses, and you must demonstrate that the additional claimed is reasonable and necessary.  | ovide your case                  |  |
| 38 | Education expenses for dependent children less than 18. Enter the total average monthly expens actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or school by your dependent children less than 18 years of age. You must provide your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reason necessary and not already accounted for in the IRS Standards. | es that you<br>secondary<br>with |  |

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to casses commenced on or after the date of adjustment.

| 39  | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.   |  |  |         | \$                        |  |    |
|---|--|--|--|---------|---------------------------|--|----|
| 40  |  |  | Enter the amount that you will continuous Enter the amount that you will continuous Enter the En |         |                           | e form of cash or                        | \$ |
| 41  | Total  | l Additional Expense Deductio  | ns under § 707(b). Enter the total of I  | Lines 3 | 34 through 40             |  | \$ |
|   |  |  | Subpart C: Deductions for De   | bt P    | ayment                    |  |    |
| 42  | <b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.   |  |  |         |                           |  |    |
|   |  | Name of Creditor   | Property Securing the Debt   | Av      | verage Monthly<br>Payment | Does payment include taxes or insurance? |    |
|   | a.   |  |  | \$      |                           | □yes □no                                 |    |
|   |  |  |  | To      | otal: Add Lines           |  | \$ |
| 43  | Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.    Name of Creditor |  |  |         | \$                        |  |    |
| 44  | Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as  |  |  |         |                           | \$                                       |    |
|   |  |  | s. If you are eligible to file a case under<br>y the amount in line b, and enter the res   |         |                           |  |    |
| 45  | a.<br>b.   | issued by the Executive Office information is available at we the bankruptcy court.) | Chapter 13 plan payment. istrict as determined under schedules ce for United States Trustees. (This ww.usdoj.gov/ust/ or from the clerk of tive expense of Chapter 13 case   | x Tota  | al: Multiply Line         | es a and b                               | \$ |
| 46  | Tota   | Deductions for Debt Payment  | t. Enter the total of Lines 42 through 45  | 5.      |                           |  | \$ |
|   |  | \$   | Subpart D: Total Deductions f  | rom     | Income                    |  |    |
| 47  | Total  | l of all deductions allowed und  | er § 707(b)(2). Enter the total of Lines   | 33, 4   | 1, and 46.                |  | \$ |
| Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION |  |  |  |         |                           |  |    |
| 48  | Ente   | r the amount from Line 18 (Cu  | urrent monthly income for § 707(b)(2)  | ))      |                           |  | \$ |
| 49  | Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))  |  |  |         | \$                        |  |    |
| 50  | Mon  | thly disposable income under §   | § <b>707(b)(2).</b> Subtract Line 49 from Line   | e 48 a  | nd enter the resu         | lt.                                      | \$ |
| 51  | 60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the  |  |  |         | \$                        |  |    |

|    | Initial presumption determination. Check the applicable box and proceed as directed.   |   |    |  |  |  |
|----|--|---|----|--|--|--|
| 52 | ☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.  |   |    |  |  |  |
|    |  | ☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. |    |  |  |  |
|    | ☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through 55).  |   |    |  |  |  |
| 53 | Enter the amount of your total non-priority unsecured debt   |   | \$ |  |  |  |
| 54 | Threshold debt payment amount. Multiply the amount in Line 53 by the number  | er 0.25 and enter the result.   | \$ |  |  |  |
|    | Secondary presumption determination. Check the applicable box and proceed a  | as directed.  |    |  |  |  |
| 55 | ☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.   |   |    |  |  |  |
|    | ☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.  |   |    |  |  |  |
|    | Part VII. ADDITIONAL EXPENSE   | CLAIMS  |    |  |  |  |
| 56 | Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. |   |    |  |  |  |
|    | Expense Description  | Monthly Amou  | nt |  |  |  |
|    | a.   | \$  | 7  |  |  |  |
|    | b.   | \$  |    |  |  |  |
|    | c.   | \$  |    |  |  |  |
|    | d.   | \$  |    |  |  |  |
|    | Total: Add Lines a, b, c, and d  | \$  |    |  |  |  |
|    | Part VIII. VERIFICATION  | N   |    |  |  |  |
|    | I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors   |   |    |  |  |  |
| 57 | must sign.) Date: April 29, 2010 Signature: /s/ Daniel Knight Hilder Daniel Knight Hilder (Debtor)   |   |    |  |  |  |
|    |  |   |    |  |  |  |

<sup>\*</sup> Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.